

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

37145

1. PLACE OF DEATH
 County Warrens Registration District No. 771
 Township _____ Primary Registration District No. 1462
 City Bismarck (No. _____) (If nonresident, give city or town and State)
 _____ St. _____ Ward _____

2. FULL NAME Eva Gillham
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 6 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. A. Gillham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
 AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
55 — 2

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sparta Ill

MOTHER FATHER
 13. NAME Samuel Glenn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

15. MAIDEN NAME Jane Gray

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT J. A. Gillham
 (ADDRESS) Bismarck Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Sparta Ill DATE 11-20 19. _____

19. UNDERTAKER Caldwell Bros
 (ADDRESS) 7 East River mo

20. FILED 11/18 19. 35 Dr. W. G. Gale
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-18 1935
 22. I HEREBY CERTIFY, That I attended deceased from Jan 1935, to 11-18, 1935
 I last saw her alive on 11-17, 1935. Death is said to have occurred on the date stated above, at 7:30 m.

The principal cause of death and related causes of importance were as follows:
apoplexy
 Other contributory causes of importance: arteriosclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Jas W. St. Roman, M. D.
 (Address) Bismarck Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

